

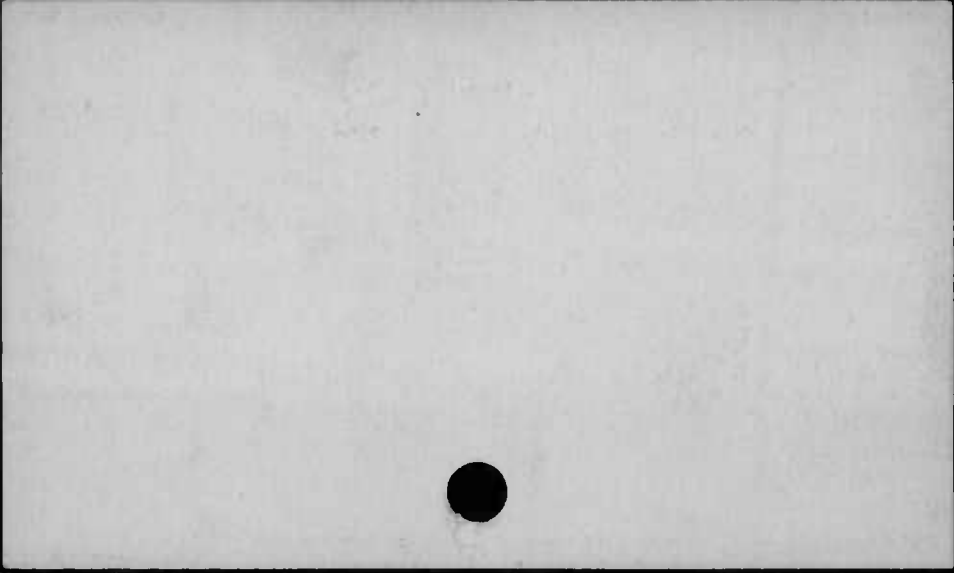
Henry Beckman
 Died at ^{Town} *Altamont* ^{County} *Garnett* MARYLAND
 Date 19 *06* ^{Month} *March* ^{Day} *5* ^{Y.} *72* ^{M.} *-* ^{D.} *-* ^{Native of} *Maryland* ^{Occupation} *Farmer*
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~ *None*

~~Husband~~ of *Wm A Beckman*
 Wife
 Father's Name *---* Mother's Maiden Name *---*

Cause of Death { Primary *Pneumonia* 93
 Immediate *Heart Failure* }
 How long sick *19 days*
 Accident, Suicide, Homicide

Reported by *George L. Linsinger M.D.*
 Address *Dess Park Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lupton

Tiranty

CERTIFICATE OF DEATH

Died at *conelaville Hospital*

Town

County

MARYLAND *Pa*Date
of death *1906*Month
*Mar*Day
27

Age

Years
36

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Maryland*

Occupation

*Barber*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Mary Tiranty*Father's
Name*Marshall Savage*Father's
Birthplace*Ind*Mother's
Maiden Name*Mary Tiranty
Savage*Mother's
BirthplaceHow related
to deceased*Uncle*

CAUSES OF DEATH

Primary

Gun Shot

How long

Immediate

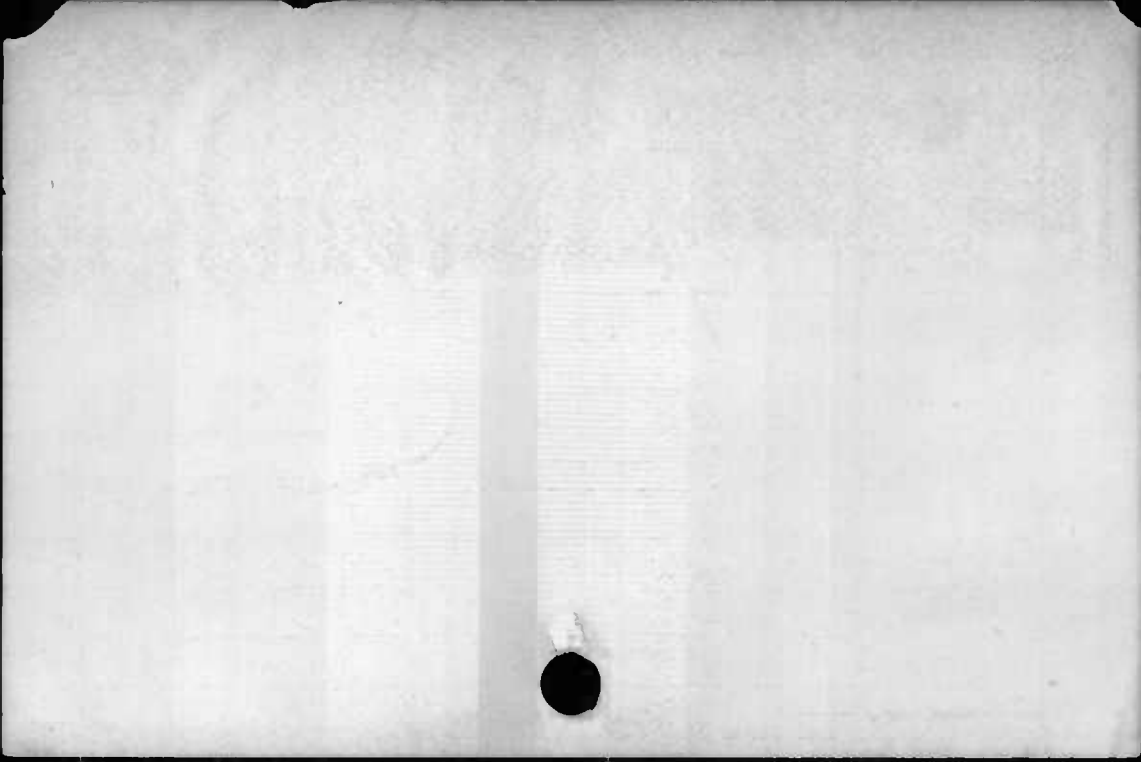
Internal Hemorrhage

How long

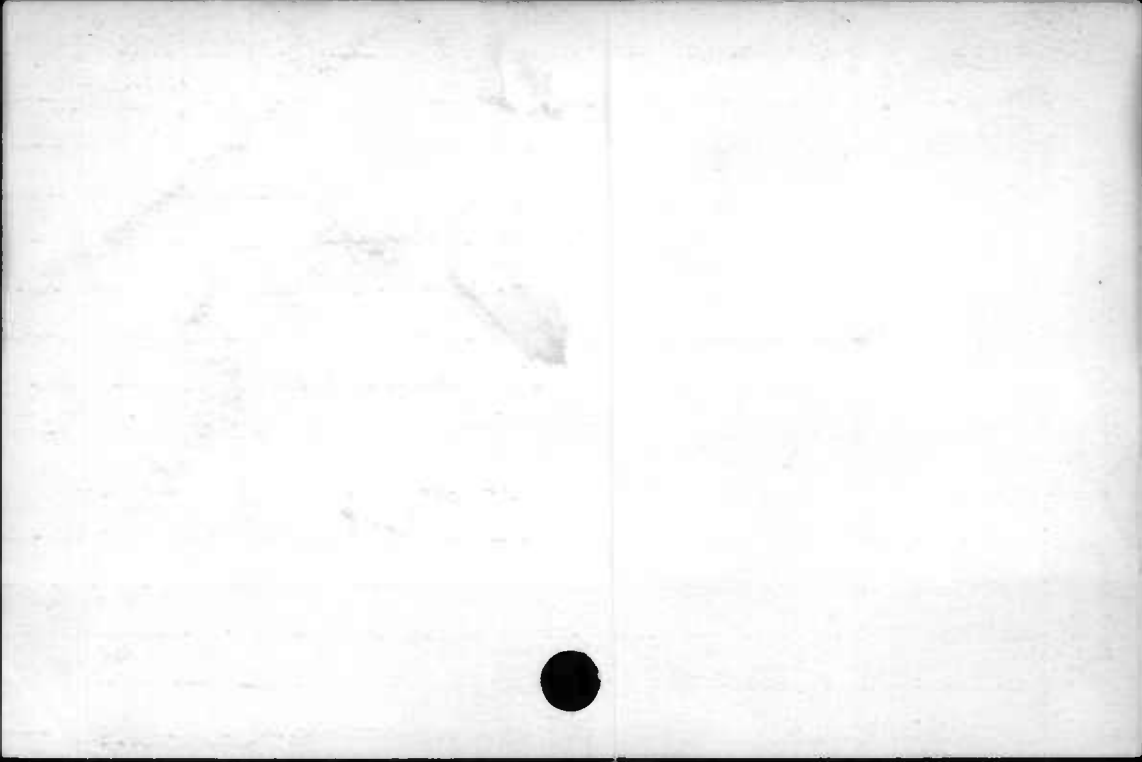
*1 day*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*A. Mason MD
Frederickville
MD*~~Accident or Suicide?~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Ida Kitzmiller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died		Town	County		MARYLAND	
	1906		Month	Day	Age	Years	Months
	Date of death		1906		Mon	31	22
	Sex	Female		Color or Race	White		Birthplace
	Occupation	Died at home		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	I W Kitzmiller				Father's Birthplace	
Mother's Maiden Name	Kitzmiller				Mother's Birthplace		
Name of person giving information	Ann Foreman				How related to deceased		Not at all
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid				How long	2 weeks
	Immediate	Typhoid				How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		M. C. Hurlburt		
			Address		Cecil		
Accident or Suicide?							



Name
in
Full

Ernest J. Leaver

CERTIFICATE OF DEATH

MARYLAND

Died at Wm. L. Park TownCounty GarretDate of death 1906 Month MarDay 19Age 55 YearsMonths 4

Days

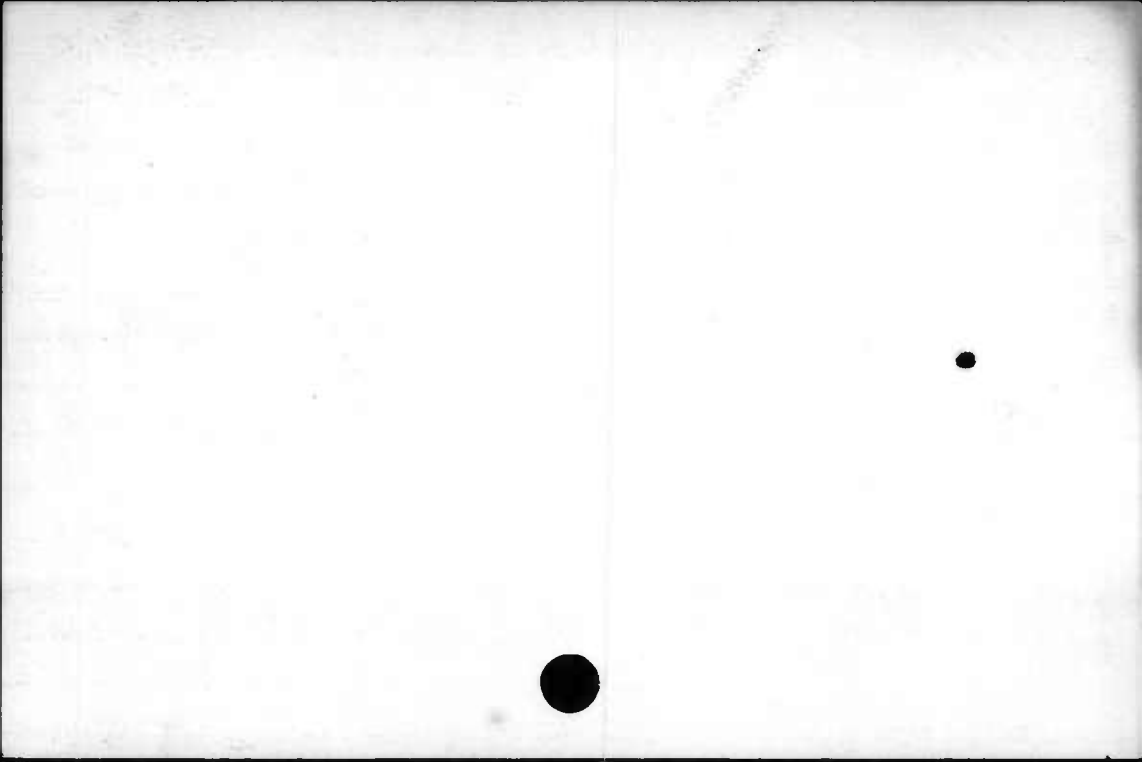
Sex FemaleColor or Race WhiteBirth-place St. Clairville, W. Va.Occupation HousewifeWhere Residing if not at place of death Wm. L. Park, Md.Married, Single or Widowed marriedName of Wife or Husband Samuel LeaverFather's Name _____Father's Birthplace _____Mother's Maiden Name _____Mother's Birthplace _____Name of person giving information Samuel LeaverHow related to deceased husband

CAUSES OF DEATH

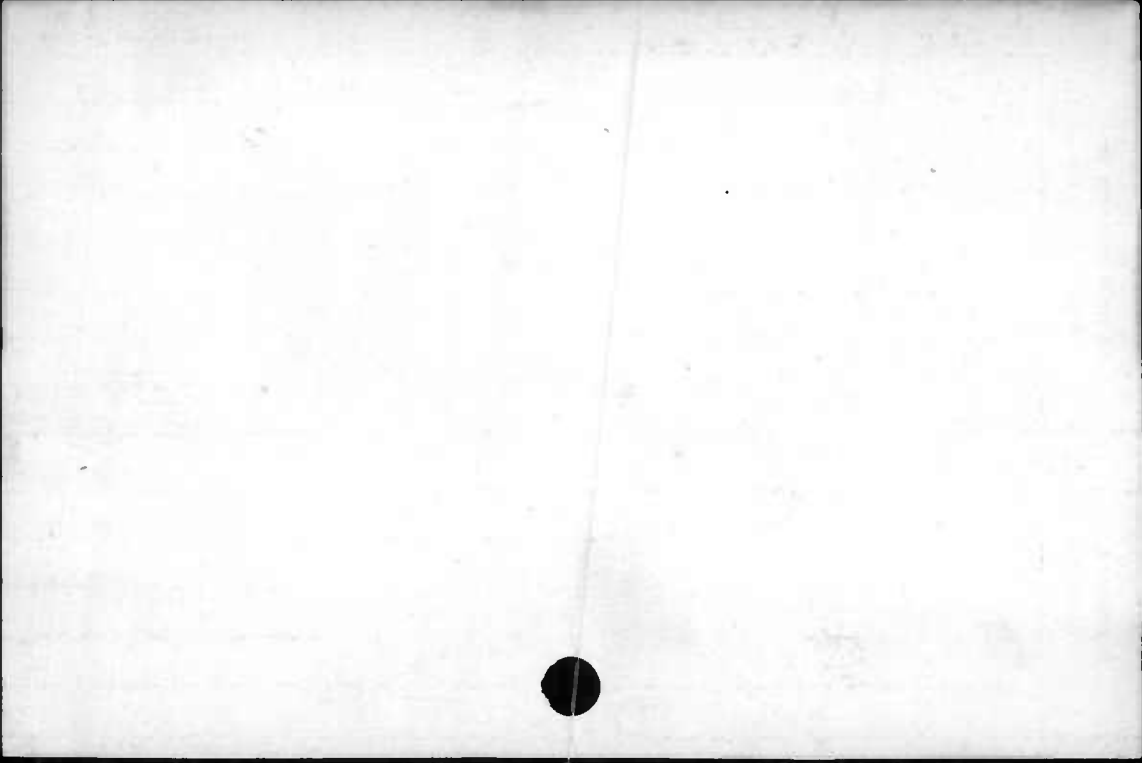
Primary Tuberculosis of LungsHow long 15 yrsImmediate Tuberculosis PulmonosisHow long 27 yrsAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician M. C. HumeAddress Coke and Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Mary Elizabeth Grenday				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Town <i>Baltimore</i>		County <i>Garrett</i>		MARYLAND	
		Date of death 1906 <i>March</i> <i>29</i>		Age <i>2</i>		Months <i>9</i> Days <i>20</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>	
		Occupation <i>Infant</i>		Where Residing if not at place of death <i>Baltimore</i>			
		Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband			
		Father's Name <i>Christian T Grenday</i>		Father's Birthplace <i>Baltimore</i>			
		Mother's Maiden Name <i>Annie Black</i>		Mother's Birthplace			
Name of person giving information <i>Miss Grenday</i>		How related to deceased <i>Aunt</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Pneumonia</i>		How long <i>6 days</i>			
		Immediate <i>Spinal Meningitis</i>		How long <i>24 hours</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. T. Johnson</i>			
				Address <i>Chandeville Md</i>			
		Accident or Suicide? <i>No</i>					



Robert Magruder Perry

Town

County

Died at ^{near} Mt Lake Park Garrett MARYLAND

1906
Date 189 March 24 Age 89 2 23 Maryland Farmer
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of Emily Perry
 Wife

Father's Name Mother's Name

Cause of Death { Primary Pneumonia Immediate
 How long sick 3 weeks
 Accident, Suicide, Homicide

Reported by J. W. Langheim M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Benjamin N. Pope

Died at *Shade Mill* ^{Town}County *Sevier*

MARYLAND

Date
of death *1906*Month
*3*Day
*9*Age
52

Months

Days
*19*Sex
*Male*Color or
Race*W*Birth-
place*Sevier Co*

Occupation

*Farmer*Where Residing if not
at place of death*Shade Mill*~~Married, Single~~
or ~~Widowed~~*Single*Name of Wife or
HusbandFather's
Name*Nickless Pope*Father's
Birthplace*Germany*Mother's
Maiden Name*Marcella Wilhelm*Mother's
Birthplace*America*Name of person giving
In formation*Jos Layman*How related
to deceased*no Relation*

CAUSES OF DEATH

Primary

Consumption

How long

Two years

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. M. Grice
Sevier Co

Accident or Suicide?

PHYSICIAN
OR CORONER

G. M.

Mt. Zion Cemetery —
near Shade Mills
Barrett D.

Name
in
Full

Thomas Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Oakland		County Garrett		MARYLAND	
Date of death 190	6	Month mch	Day 1	Age	70	Years	Months 0
Sex Male		Color or Race White		Birth- place Ireland		Days 21	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace Ireland			
Mother's Maiden Name				Mother's Birthplace Ireland			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	1 week 6
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Thomas Wallace	
		Address Oakland md	
Accident or Suicide?			

